



**TB CARE I**

## **TB CARE I - Mozambique**

**Year 4**

**Quarterly Report**

**April – June 2014**

**July 30, 2014**

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# 1. Quarterly Overview

Country	Mozambique
Lead Partner	FHI360
Coalition Partners	KNCV, MSH, WHO
Other partners	CB DOTS Implementing Agencies
Work plan timeframe	October 1, 2013 to December 31, 2014
Reporting period	April – June 2014

## Most significant achievements:

### Universal Access

In this quarter, Community Health Workers (CHWs) trained in CB DOTS (comprising community volunteers, traditional healers and leaders) referred 10,466 presumptive TB cases to health facilities in project target districts. From the total referred, 9,640 (92% of the presumptive TB referred by CHWs), successfully reached the health facilities for TB diagnosis, demonstrating the practical functioning of the TB referral system in communities. Of the 9,640 that reached the health facilities for TB screening, 23% or 2,205 were diagnosed with TB (all forms), disaggregated as follows: 16% (1,522 of which 800 males and 722 females) were diagnosed as bacteriologically confirmed TB/sputum smear positive (SS+), 7%/ 683 (341 males and 342 females) were clinically diagnosed or had extra-pulmonary (EP) TB.

This reporting period the TB CARE I CHWs have contributed to the NTP notification results by 48% with 2,205 of the total of 4,553 cases identified and referred as persons with presumed TB by community DOTS volunteers.

Analyzing the APA4 results to date the percentage of diagnosed TB cases (all forms) against presumed TB referred to health centers is at 23% (Q1 and Q3) with a slight fall of 5% in Q2 at 18%.

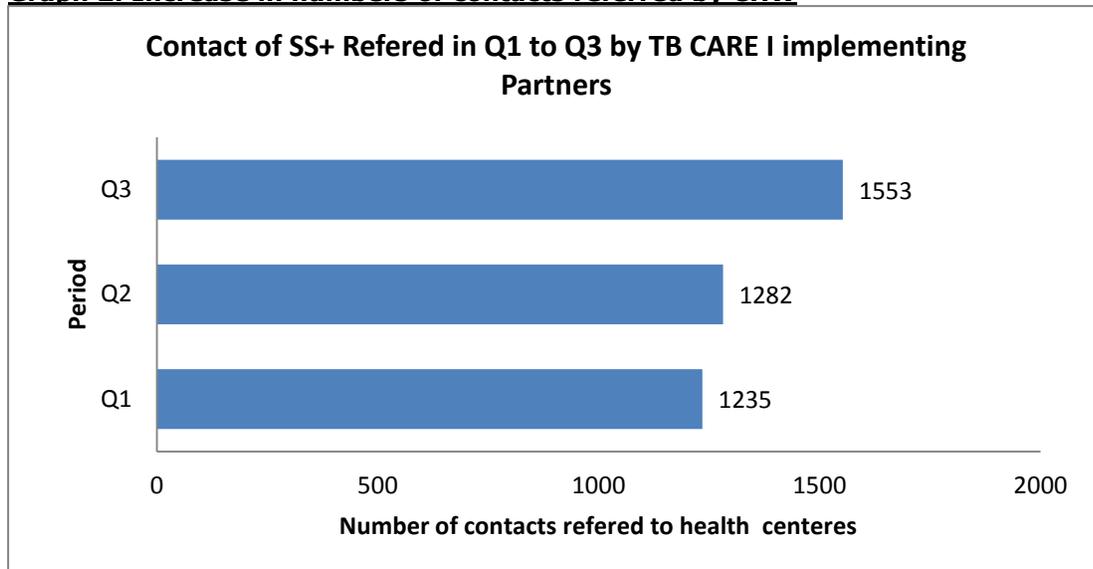
**Graph 1: Diagnosed TB patients compared to presumptive TB referrals, APA 4 Quarters 1-3**



Community Based DOTS volunteers reached a total of 238,243 (103,682 males / 134,561 females) people in quarter 3 by implementing 6,998 health educational sessions in 53 TB CARE I districts, with each session averaging 34 participants.

Contact tracing has improved this quarter compared to quarters 1 and 2, (see graph 2 below). A total of 1,553 contacts were followed from bacteriologically confirmed cases and referred to health centers compared to 1,282 and 1,235 in Q2 and Q1 respectively. That is about 1 contact per SS+ in quarter 3.

**Graph 2: Increase in numbers of contacts referred by CHW**



The TB CARE I Technical officer and Senior Program Officer participated in the 4<sup>th</sup> SA TB Conference where the latter did an oral presentation on an abstract from the Patient Centered Approach (PCA) activities implemented in the country between July and December 2012. A highlight at the conference was when the Mozambican experience using PCA was shared at the closing ceremony as one of the emerging themes. Implementation of two PCA tools (Patient Charter and TB Literacy toolkit) has been expanded to cover more 23 districts.

**Laboratories**

The TB CARE I project has successfully recruited a new Lab Officer to support implementation of lab activities. The position has been vacant since April 2014. The new officer will start on July 01, 2014 and is expected to provide technical assistance and support to the NTP Lab section and CB DOTS implementing partners.

**Infection Control**

The project initiated a pilot phase of FAST (**F**inding TB cases **A**ctively, **S**eparating safely, and **T**reating effectively) strategy in 8 health facilities in 8 districts across 2 provinces (Niassa and Zambézia). The strategy focuses on the most important administrative TB transmission control intervention and emphasizes the importance of effective TB treatment in reducing TB transmission. Training was provided to 53 cough officers in 8 districts of 2 provinces in the active identification of coughing patients in selected hospital areas (where highest concentration of out-patients is registered). All cough officers are support staff (hospital orderly) already contracted by the ministry of health to guarantee sustainability of the intervention. By actively separating all coughing patients, the officers will be reducing the risk of TB infection from presumptive TB case to other patients. Before the intervention was done, a baseline study was conducted to obtain the number of TB cases diagnosed from unsuspected cases within health facilities. Analysis from data collected reflects that many of the TB cases registered are from people referred from communities and other departments (general consultation) rather than internal health facility suspect referral system. An end line survey will be conducted after the three month intervention period for the pilot to evaluate the contribution of the strategy to case detection. Depending on the results, expansion might be advocated to more districts.

Table 1: Example of a Baseline data form for Ngauma district, Niassa Province

#	Indicators	Quarter: Oct to Dec 2013							Quarter: Jan to March 2014						
		M			F			Total	M			F			Total
		0-4	5-14	≥ 15 A	0-4	5-14	≥15 A		0-4	5-14	≥ 15 A	0-4	5-14	≥15 A	
1	Total # of suspects referred	0	0	19	0	2	19	40	1	1	18	0	0	31	51
2	Total # of SS+	0	0	0	0	0	2	2	0	0	0	0	0	1	1
3	# of SS- with active TB	0	0	0	0	0	0	0	0	0	0	0	0	2	2
4	# of SS- cases without TB	0	0	19	0	2	17	38	1	1	18	0	0	29	49
5	# of TB cases on treatment	0	0	0	0	0	2	2	0	0	0	0	0	3	3
6	Other pathologies							0							0
7	# of GeneXpert samples sent	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	GeneXpert results received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9a	MTB+	0	0	0	0	0	0		0	0	0	0	0	0	
10b	MTB-														

### PMDT

Forty eight (24 females) central and provincial MDR-TB focal persons, medical doctors from the main MDR-TB hospital, clinicians working in public hospitals and the private sector were trained in MDR-TB by specialists from The Union (Anna Scardigli and Prof Jose A. Caminero). The main objective of the training was to equip Mozambican health clinicians working in the TB area especially on MDR-TB with new approaches on clinical management of MDR-TB. The training was planned as a TOT with follow up training to be conducted at provincial levels, including sensitization of provincial staff to establish provincial level MDR-TB technical working groups (TWG) for case management. At central level, an interim MDR-TB TWG conducted clinical case discussions on cases sent from provinces as a support mechanism with technical assistance from national and international experts. From the discussion 3 cases were reviewed and immediate support was provided for follow up.

### Health systems strengthening

The project supported the training of 116 (34 females) district level TB officers, their deputies and health workers responsible for the implementation of TB activities at peripheral health facilities in programmatic management of TB. The training was conducted in 4 provinces of Zambézia, Sofala, Gaza and Manica. A total of 5 provinces out of 7 have been trained to date. The training is vital in strengthening TB control at district level including equipping TB district level authorities with supervision skills to manage TB control at peripheral health facilities.

### M&E, OR and Surveillance

The second phase of preparing for the prevalence study was initiated in Q3 with technical assistance from Ellen Mitchel (KNCV) and Ana Luisa Bierrenbach (WHO). As part of the process a stakeholders meeting was held with the PNCT, National Director of Public health, National Institute of Health (INS), National TB Reference Laboratory and National Statistical Institute. Outcomes of the visit were the finalization of the study chronogram and timeline. -This activity will continue in the next quarter.

Technical assistance was provided to PNCT on finalization of revised registers and forms in line with WHO case definitions; a new draft register has been created as well for community TB implementing partners with the aims of standardizing data for NTP at community levels. All revised registers and forms will be piloted in Q4 by NTP in 8 health centers yet to be identified.

Electronic Reporting Register (ERR) has been developed and awaiting approval from the NTP. The ERR is a patient based electronic register that is meant to improve on patient management. The ERR is completely based on all the new registers and forms developed. There will be administrators at 2

levels: 1. Provincial level to manage district information and 2. National level, the national level be will able to access all national information and make future modification when and if necessary.

The TB CARE I Mozambique CB DOTS evaluation protocol received expedited review from FHI360 PHSC. The protocol has been translated and translation reviewed by TB CARE I technical staff in preparation for submission to local IRB board in quarter 4. TB CARE I is also awaiting support letters from 3 provincial health directorates (four support letters have been received) as a requirement to include in the submission package to local IRB.

Cost efficacy study draft report has been submitted to TB CARE I for review. The study was conducted by an external local consultant and looked at costs incurred by CB DOTS implementing partners related to suspect identification, referral, diagnosis, treatment and follow up. This study will be finalized in quarter 4.

### **Drug Management**

National training of trainers was successfully conducted in Maputo during the month of May 2014 with approximately 50 participants (TB provincial supervisors, Provincial warehouse staff, provincial DR-TB focal points and other partners).

### **Malaria activities**

Two regional workshops were conducted in central and northern regions. The workshops were aimed to disseminate the malaria communication strategy in order to standardize all malaria communication messages and advocacy in malaria. The workshops took place in Quelimane (central region) and Nampula (northern region) respectively. Trainings were facilitated by communication officials from the NMCP, FHI360, DEPROSA and Ministry of Environmental Affairs. A total of 30 health professional (05 females and 25 males) were trained including medical doctors and health technicians with different responsibilities in malaria.

### **Technical and administrative challenges:**

The MSH Drug Management Specialist has left the project, thus there is an urgent need to replace her to avoid continued delay in the implementation of drug management activities.

Lack of usable space for server and computer installation for Maputo Cidade province has resulted in the delay of equipment installation. The provincial directorate of health in close coordination with NTP is in the process of looking for viable solutions to overcome this problem.

The political tension witnessed in the previous quarters is still prevailing in the country affecting the implementation and supervision of planned activities, especially in Sofala and Zambézia and provinces.

Competing priorities for the NTP delay the implementation of some planned activities, for example PMDT activities (supervision) which the project cannot implement on its own.

## 2. Year 4 technical outcomes and activity progress

### 2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date <sup>1</sup>	Comments
1.1.1	Number of facilities where quality of services is measured	50	53	Measured annually	
1.2.3	Status of PPM implementation	n/a	1 (support in the realization of one PPM National meeting)	0	All contacts have been established for the realization of the PPM stakeholders meeting but due to competing priorities for the NTP, this meeting has been rescheduled for next quarter.
1.2.5	Childhood TB approach implemented	Yes	Yes	Yes	Review of the PPD poster finalized. The Project will support in the reproduction and distribution of the poster nationwide Meetings conducted with the Pediatric TWG for pediatric training planning scheduled for next quarter
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4	3,947 (884)	4,223	3,775	Results from October 2013 to June 2014
1.2.7	Prisons with DOTS	n/a	7 (3 main regional prisons + 4 provincial)	0	ACSM strategy in process of finalization. IEC will be produced after the finalization and these

<sup>1</sup> If results are not available, write “Measured annually” or “Not yet measured” and say when the data are estimated to be available. Not all indicators can be measured quarterly.

					will be used in expanding DOTS strategy in prison population.
<b>1.2.8</b>	CB-DOTS program is implemented	Expansion to 5 more districts through TB CARE I support	Expansion to 3 more districts. This will increase coverage of CB DOTS districts with TB CARE I to 53 out of 128 districts	3	Expansion to 3 new districts in 3 provinces completed using the new CB DOTS model.
<b>1.2.9</b>	Population covered with CB-DOTS	11,467,170	11,947,651	12,145,595	53 districts covered by CB DOTS in 7 provinces. Total population covered represents about 52% of total country population.
<b>1.2.10</b>	% of health facilities offering CB-DOTS services	60% (637/1057)	62% (659/1057)	Not yet measured	
<b>1.1.4</b>	<i>National ACSM strategy finalized</i> Description: The ACSM strategy developed and approved by the MOH	n/a	National Strategy finalized	Not yet assessed	
<b>1.1.5</b>	<i>Number and % of mining companies which have TB listed as a priority in health plans and have signed an MOU with NTP</i> Numerator: Number of mining companies which sign the MOU Denominator: total number of registered mining companies	n/a	75% (6/8) of all registered mining company actively involved in TB control	0	All contacts have been established for the realization of the PPM stakeholders meeting but due to competing priorities for the NTP, this meeting has rescheduled for next quarter.
<b>1.2.11</b>	<i>% increase in TB case detection through implementation of Hospital based SOPs to enhance health workers capacity to diagnose TB</i> Numerator: Number of cases (TB) registered per health facility implementing the ICF strategy Denominator?	n/a	One province, 3 health facilities (increase of 15%)	Measured annually	See report from Jacob.

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status <sup>2</sup>
				Start	End	
1.1.1	FHI360, KNCV	Strengthen implementation of the Patient Charter	Materials have been reproduced and distributed to the 7 TB CARE I provinces. Implementation is ongoing and support supervision to be conducted in Q4.	Oct 13	Sep 14	Ongoing
1.1.2	FHI360, KNCV	Integrate PCA strategies with the current human rights strategy adopted by the Ministry of Health	Dates finalized for TA from Sara Massaut (July 2014) to support in the revision of the TB Literacy toolkit and integrate the Patient Charter with the already approved Mozambique MOH general patient charter.	Oct 13	Sep 14	Ongoing
1.1.3	FHI360, KNCV	National ACSM strategy is finalized	Draft review in progress with the KNCV ACSM consultant leading the process. This will actually become a "Strategy for community engagement in TB control"	Oct 13	Sep 14	Ongoing
1.1.4	FHI360	Active involvement of mining companies in TB control	The Director of Occupational health together with the ACSM Consultant from KNCV and TB CARE I Technical Officer visited Tete province to conduct an assessment on how TB service delivery is done in the mines. Entry into the mines was not permitted because of safety procedures which had to be pre planned with time. The work will be completed with discussions to be conducted with different mine managers to finalize the MOU to be signed with the NTP.	Apr 14	Sep 14	Ongoing
1.2.1	FHI360	Promote PPM activities between NTP and Private sector	All contacts have been established for the realization of the PPM stakeholders meeting but due to competing priorities for the NTP, this meeting has rescheduled for next quarter.	Apr 14	Sep 14	Ongoing
1.2.2	FHI360	Children under 5 years put on IPT	Follow up and technical assistance being given at health facility to trained nurses for TB pediatric screening and at community level for contact tracing.	Oct 13	Sep 14	Ongoing
1.2.3	FHI360	Train clinicians in 4 TB CARE I provinces in pediatric TB diagnosis, care and treatment	Training in Gaza will be conducted in July with all planning finalized.	Oct 13	Sep 14	Ongoing

<sup>2</sup> Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

1.2.4	FHI360, KNCV	Strengthen prison community involvement in early detection and care in selected prisons	Draft leaflets developed using key messages from the KAP study. The leaflet will be used to support implementation of TB control mechanism in prisons.	Oct 13	Sep 14	Pending
1.2.5	FHI360	Consolidate and expand CB DOTS activities in the 7 TB CARE I target provinces	3 new districts (Muecate in Nampula Province, Caia in Sofala and Tsangano in Tete province) covered with CB DOTS. A total of 53 districts have TB CARE I supported CB DOTS activities in the 7 TB CARE I target provinces.	Oct 13	Sep 14	Completed
1.2.6	FHI360	Conduct CB DOTS technical assistance visit to support DOTS strategy at community and health facility level.	Visits conducted in Sofala, Manica, Zambézia, Niassa and Tete where 8 implementing partners were visited and supported.	Oct 13	Sep 14	Ongoing
1.2.7	MSH	Expand the hospital based TB case detection strategy to 2 provinces and reach 6 health facilities	The ICF SOPs have been rolled out in 3 health facilities (Chicumbane, Chibuto ad Chokwe) in Gaza province and expansion to Nampula province has been planned in Q4. Guidelines and job aids in Portuguese were posted in respective service provision areas in Gaza and shall be posted in Nampula.	Oct 13	Sep 14	Ongoing
1.2.8	FHI360	World TB Day commemorated	Support provided to both NTP central and provincial level with logistics support in printing and distribution TB IEC materials.	Mar 14	Mar 14	Completed

## 2.2 Laboratories

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
2.1.1	A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP	No	Yes	Draft in editing process	A draft was developed and is currently under review by all collaborators
2.1.2	Number of laboratories with working internal and external QA programs for smear microscopy and culture/DST	80 smear microscopy; 3 culture; 2 DST	120 smear microscopy; 3 culture; 3 DST	62 microscopy, 3 culture; 3 DST	
2.1.3	Number and % of laboratories demonstrating acceptable EQA performance	28% (72/252)	42% (108/252)	Measured annually	
2.3.1	Diagnostic sites offering advanced technologies for TB or drug-resistant TB	(3 TB CARE I)	Yes (3 TB CARE I)	Yes (3 TB CARE I GeneXpert sites)	

<b>2.3.2</b>	Rapid tests conducted	1,200 tests in 3 TB CARE I GeneXpert sites	Yes (1350 in 3 TB CARE I GeneXpert sites)	2,119 tests conducted		
<b>2.3.3</b>	Patients diagnosed with GeneXpert	402 tests; 140 confirmed; 40 rifampicin resistant	1350 tests; 300 positive; 105 rifampicin resistant	2,119 tests, 512 positive (24%) and 98 Rif resistance (19%)		
<b>2.1.4</b>	<i>Laboratory reagents and consumables procured to guarantee lab testing for TB</i> Numerator: Yes-defined quantities of reagents and consumables.	n/a	Yes	Yes	Auramin O, Chloridric Acid & Potassium Permanganate procured and distributed.	
<b>2.1.5</b>	<i>Increased TB lab diagnostic facilities</i> Numerator: Number of health facilities with rehabilitated micro lab functioning	0/2012	7	0	1 contract signed, 5 in selection of construction companies process	
<b>2.1.6</b>	<i>No stock out of laboratory reagents and consumables registered</i> Numerator: Yes-stock out averted by guarantying availability of lab reagents and consumables.	Yes (30 MOH staff trained in lab supplies quantification)	No	Measured annually	47 lab technicians trained from all 11 provinces in quantification of lab consumables and reagents	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
2.1.1	FHI360, MSH	A national laboratory strategic plan developed and approved	Draft plan developed with support from MSH Lab consultant. The plan is under review by the various stakeholders including the NRL, National Health Institute, NTP Lab section and partners providing Lab support. Inputs will be incorporated by TB CARE I/MSH Lab consultant and the strategic plan will be finalized and submitted for approvals. Expand new technology for early diagnosis of TB at national level. Quality assurance will be strengthened.	Oct 13	Sep 14	Ongoing
2.1.2	FHI360, MSH	Strengthening internal and external quality control systems for Microscopy	Gaza planning finalized for the training to be conducted next quarter	Oct 13	Sep 14	Ongoing
2.1.3	FHI360, MSH	Strengthening quality control measures by conducting blind rechecking activities	Activity cancelled under the APA4 Q1 MOT	Oct 13	Sep 14	Cancelled

2.1.4	FHI360, MSH	Conduct one national training in laboratory reagents and supplies distribution	47 lab technicians (10 females and 37 males) trained from all 11 provinces in quantification of lab consumables and reagents using GLI/TB CARE I laboratory tools on management of TB laboratory supplies.	Oct 13	Sep 14	Completed
2.1.5	FHI360	Procure lab reagents and consumables to support functioning of the NTP Lab department testing capacity	Lab consumables for the functioning of LED microscopy completed.	Oct 13	Sep 14	Completed
2.1.6	FHI360	Identify 7 peripheral health facilities with usable space to rehabilitate and equip as a functional microscopy laboratory.	1 contract signed and renovations in progress and 5 sites with bill of quantities completed and construction company to conduct the works in identification.	Oct 13	Sep 14	Ongoing
2.1.7	FHI360	Strengthened performance of TB labs in EQA	On site assessment visit in Sofala province, 4 districts visited and same number of labs visited.	Oct 13	Sep 14	Ongoing
2.1.8	FHI360	Central and provincial level staff (NTP & NMCP) staff trained in laboratory supplies quantification.	47 lab technicians (10 females and 37 males) trained from all 11 provinces in quantification of lab consumables and reagents using the GLI/TB CARE I laboratory tool. Activity 2.1.4 and 2.1.8 realized as one	Oct 13	Dec 13	Completed.
2.3.1	FHI360	Guarantee functioning of the 3 TB CARE I GeneXpert machines	1500 GeneXpert cartridges procured and distributed to the three sites. More cartridges will be procured next quarter. 1,372 tests were conducted in the first 2 quarters (see our Q2 report) and this was a basis for forecasting conducted.	Oct 13	Sep 14	Ongoing
2.3.2	FHI360	Maintenance of the 3 TB CARE I GeneXpert machines.	Regular servicing especially calibrations support provided through online support from GeneXpert being done. Two units (Quelimane and Gaza) have been calibrated through online support services. Recalibrating will be done annually.	Oct 13	Sep 14	Ongoing
2.3.3	FHI360, MSH	Expansion of DST and Culture to the northern region of Mozambique	Nampula reference lab now with capacity to do first line MGIT DST. Mentoring provided by the National Reference Lab staff and MSH Lab consultant. . Nampula is currently on process of validation, it has not started emitting results.	Oct 13	Sep 14	Completed
2.3.4	FHI360, MSH	Finalize the GeneXpert implementation plan	The GeneXpert plan has been finalized and has been submitted for approval. To date, 23 GeneXpert machines are installed 9 of	Oct 13	Sep 14	Ongoing

			the 11 provinces in the country. Until 2017, the NTP expect to have 101 units to be functioning in the country with 39 expected to be procured through GF. The maintenance of the machines will be supported through external assistance at an initial phase while building the capacity of in-country technicians who will be responsible for the overall maintenance.			
2.3.5	FHI360	Provide assistance to the 3 TB CARE I GeneXpert sites	Supervision visit plan elaborated and approved for new Lab officer to start visits in Q4.	Oct 13	Sep 14	Ongoing

## 2.3 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
3.2.1	"FAST" strategy has been adapted and adopted		No facility	3 Health facilities in 3 Provinces	53 cough officers ( in 8 health facilities of 2 provinces trained		Implementation of pilot phase of FAST strategy commenced in June 2014 in 2 provinces.
3.2.2	Facilities implementing TB IC measures with TB CARE support		n/a	60 (53 TB CARE I district level hospitals + 7 prisons)	45.2%, 24/53		
3.2.3	<i>IC personal protection equipment procured</i> Numerator: Number of mask procured and in use		n/a	6000 N95 masks procured	0		Procurement of IC personal equipment in progress
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
3.2.1	FHI360	The "FAST" strategy is piloted in 3 selected health facilities	53 cough officers were trained in 8 districts of 2 provinces, (3 Niassa and 5 Zambezia). The cough officers have started in June the active identification of cough patients within health facility settings and separating them by referring them to TB corners for TB screening.	Oct 13	Sep 14	Ongoing	
3.2.2	FHI360, KNCV	TB Health IC IEC materials produced and in use	Material development still pending.	Oct 13	Sep 14	Pending.	
3.2.3	FHI360	Conduct minor rehabilitations	Identification of sites has been concluded in	Oct 13	Sep 14	Ongoing	

		within TB corners to improve IC measures	close coordination with NTP provincial levels in the 7 TB CARE I target provinces.			
3.2.4	FHI360	IC personal protection equipment procurement	Procurement of IC personal equipment in progress	Oct 13	Sep 14	Ongoing.

## 2.4 PMDT

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
<b>C6</b>	Number of MDR cases diagnosed		116	350	155 (National)		Information up to March 2014
<b>C7</b>	Number of MDR cases put on treatment		99	297	155 (National)		Information up to March 2014
<b>4.1.1</b>	TB patients, suspected of MDR, dying between request for lab examination and start of MDR treatment		n/a	15% (53/350) Yes	Measured annually		
<b>4.1.2</b>	MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment		n/a	60% (178/297)	Measured annually		
<b>4.1.3</b>	MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture		n/a	50% (159/297)	Measured annually		
<b>4.1.4</b>	A functioning National PMDT coordinating body		Yes	Yes	Yes		The NTP conducts regular DR-TB meetings where TB CARE I participates.
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
4.1.1	FHI360	Strengthen MDR TB register	The TB ER register has been finalized with TB CARE I technical assistance, awaiting approval. Pilot testing of the instruments in Q4	Oct 13	Sep 14	Pending	
4.1.2	FHI360	Improve the transportation and quality of MDR TB samples	150 specimen transportation cooler box have been procured and distributed to the TB CARE I sites to be used by CHW.	Oct 13	Sep 14	Completed	
4.1.3	FHI360	Expand system for sending results from national TB reference lab to district health facilities (SMS printer system)	Cancelled	Oct 13	Oct 13	Cancelled	

4.1.4	FHI360	Expand DR TB ambulatory treatment capacity	Meetings have been held with the NTP to develop the DOTS PLUS strategy and 4 provinces have selected, on which one (Gaza) will be supported by TB CARE I. The project is preparing the specific activities to be incorporated in the strategy in Q4 including conducting a situational analysis. Full Implementation will be done in the additional quarter.	Oct 13	Sep 14	Ongoing
4.1.5	FHI360	Continued support to the function of the national DR TB coordinating body	TB CARE I MDR TB Technical Officer actively participates in the DR TB coordinating body and regularly receives cases for clinical management discussion from provinces. Support is given from national and international MDR-TB specialist in the case discussion.	Oct 13	Sep 14	Ongoing
4.1.6	KNCV	PMDT Technical support visit conducted	2 specific MDR-TB supervisions visits have been programed in Q4	Oct 13	Sep 14	Ongoing
4.1.7	FHI360, KNCV	Supervisory visits conducted to support implementation of PMDT activities at provincial level		Oct 13	Sep 14	Pending
4.1.8	FHI360	Develop and implement an electronic patient based recording and reporting system (RR) for MDR TB patients	The ERR has been finalized and includes Sensitive and Drug Resistant TB. Instruments to be used have also been finalized and pilot testing will be done in Q4.	Oct 13	Sep 14	Ongoing

## 2.5 TB/HIV

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
5.1.1	Number and % of new HIV patients treated for latent TB infection during reporting period Numerator? Denominator?	31% (10,540)	60% (87,804)	(34.9% 51,090/146,368 (National data)	Information reported for Oct 2013 to June 2014
5.2.1	Number and % of HIV-positive patients who were screened for TB in HIV care or treatment settings Numerator?	72% (37,478)	85% (159,066)	91.2% 133,619/146,368 (National data)	Information reported for Oct 2013 to June 2014

	Denominator?					
<b>5.2.4</b>	Strengthen data registration at health facility level for TB/HIV co-infection activities within the TB care and treatment settings <i>Numerator: number of health facilities complete registration process</i>	0	60 (one in each district)	13 health facilities in 3 provinces supported in the registration of TB/HIV data registration		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
5.1.1	FHI360	Support in the conduct of quarterly TB/HIV TASKFORCE provincial meetings	A total of 11 provincial quarterly taskforce meetings held to date in 5 provinces of Niassa, Gaza, Zambézia, Manica and Nampula with TB CARE I support.	Oct 13	Sep 14	Ongoing
5.2.1	FHI360	Train clinicians in TB/HIV collaborative activities	Due to competing priorities within the NTP, all trainings have been rescheduled to Q4.	Oct 13	Sep 14	Pending. To be completed in Q4
5.2.2	FHI360	Strengthen data registration at health facility level for TB/HIV co-infection activities within the TB care and treatment settings	Supervision visits conducted in Manica, Zambézia and Sofala, during the visit, program gaps in registration and reporting were identified and measures on sites to improve the implementation of TB/HIV activities strengthened.	Oct 13	Sep 14	Ongoing

## 2.6 HSS

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
<b>6.1.1</b>	Government budget includes support for anti-TB drugs	Yes	25% (1,061,010/ 4,244,040)	Measured Annually	TB CARE I drug management specialist provides technical assistance to the NTP in financial gap analysis
<b>6.2.1</b>	TB CARE-supported supervisory visits conducted	Yes (12)	Yes (21 – 14 TB CARE I/NTP Integrated visits + 7 DR TB visits)	7 TB CARE I supported supervision visits in Zambézia, Manica, Niassa, Tete and Sofala provinces (3 TB CARE I/NTP, 4 TB CARE I only)	2 laboratory visits, 3 TB CARE I/NTP and 2 TB CARE I only programmed this quarter.

<b>6.2.2</b>	Number of people trained using TB CARE funds		500	606 (256 district supervisors + deputies; 350 others)	847 (259 females and 586 males)	(27 NTP supervisors, 94 clinicians in Ped TB, 59 lab technicians in QA, 47 in quantification, 60 health professionals in DOTS C management, 48 MDR-TB 116 TB supervisors, 53 Cough Officers and 368 traditional healers in DOTS)
<b>6.1.3</b>	Participation in International Events Number of international conference and trainings attended by one or several Tb CARE I staff members?		2	3	3	Participation at the Paris UNION Conference, GF NFM conference in South Africa and 4 <sup>th</sup> SA TB Conference
<b>6.2.4</b>	TB CARE I close out activities implemented (Number of close out visits conducted and meetings held at provincial level)		0	7 Close out visits and meetings	0	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
6.1.1	FHI360	Funding for TB program more sustainable	The activity has been canceled as support will be not needed as previously planned but funds will be reserved, in case it will be necessary during the Concept Note designing	Oct 13	Sep 14	Cancelled
6.1.2	KNCV	Support provided for NTP GF process and activities implementation.	The project through STTA from KNCV staff supported the NTP in the GF NFM concept note development. Support was in the development of the TB component to be integrated with the HIV component as well as designing of the Community engagement strategy.	Oct 13	Sep 14	Completed
6.1.3	FHI360	Participation in International Events	Support provided in the participation of 2 MOH and 3 TB CARE I staff at the UNION conference and participation of the project director at the GF NFM meeting in South Africa.	Oct 13	Sep 14	Ongoing

6.2.1	FHI360	Conduct TB CARE I support visits to implementing agencies (Program and Finance)	Program and technical visits conducted to Niassa, Tete, Sofala, Manica and Zambézia. Support was provided to CB DOTS implementing partners. Planning for close out is underway.	Oct 13	Sep 14	Ongoing
6.2.2	FHI360, MSH, WHO	Conduct TB CARE I/NTP Integrated supervision visits	2 visits conducted in Zambézia and Sofala provinces. The Zambézia visit was an NTP/TB CARE I joint visit while the Sofala was an integrated NTP visit.	Oct 13	Sep 14	Ongoing
6.2.3	FHI360, WHO, MSH	Training of health workers in TB program management	143 NTP supervisors trained in TB program management in Zambézia, Sofala, Gaza, Manica and Niassa province. Remaining 2 provinces will be covered in Q4.	Oct 13	Sep 14	Ongoing
6.2.4	FHI360	TB CARE I close out activities implemented	The close out plan has been finalized and letters sent to the Provincial Directorates of Health to inform about the project closure. Partners have also been informed.	Sep 14	Sep 14	Ongoing
APA3 6.3.3	FHI360	APA3 carry over activity Malaria: Provincial and district level M & E focal persons trained in M & E	Three provinces (Niassa, Cabo Delgado and Nampula) trained in Malaria M&E data reporting with TB CARE I support. A total of 256 (87 females and 169 males) staff were trained. Training in Niassa was conducted this reporting quarter.	Oct 13	Dec 13	Ongoing
APA3 6.5.1	FHI360	APA3 carry over activity Malaria: Conduct BCC regional workshops	After the central level Malaria National Meeting was conducted aimed at discussing and sharing major malaria achievements and challenges at all levels, two regional workshops have been conducted in Quelimane (Central region) and Nampula (Northern region) to disseminate the malaria communication strategy in order to standardize all malaria communication messages and advocacy.	Oct 13	Dec 13	Completed
APA3 6.6.1	FHI360	APA3 carry over activity Malaria: Malaria Laboratory supervision visits conducted	Integrated Central level Malaria laboratory and clinical supervision visits conducted 4 provinces (Gaza, Maputo Province, Maputo Cidade and Nampula), where 16 districts were visited. Provincial level supervision has been conducted in 4 provinces of Nampula, Tete, Cabo Delgado and Gaza.	Oct 13	Sep 14	Ongoing
APA3 6.6.3	FHI360	APA3 carry over activity Malaria: Provide operational assistance to the NMCP.	Support to the NMCP by the TB CARE I M&E officer in DQA, verification and reporting. Also assistance was given to conduct an ITN survey in 2 districts of Nampula province and in the conduction of the integrated	Oct 13	Sep 14	Ongoing

			evaluation of MOH activities in 3 provinces of Gaza, Niassa and Zambézia.			
APA3 6.6.4	FHI360	APA3 carry over activity Malaria: Participation of NMCP M&E focal person in international events	The project supported the participation of the TB CARE I Malaria M&E Officer in the GF New Funding Model workshop held in Nairobi (Kenya)	Oct 13	Sep 14	Ongoing

## 2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels	Yes	Yes	No	Severs and computers installed in 10 provinces including NTP central offices. The database has been developed to be used for data collection and reporting.
7.2.1	Data quality measured by NTP	Yes	Yes	Yes	Validation of reported data conducted in one province of Manica. Discrepancies were noted in most of the reported indicators. On job training done to the provincial supervisors and follow up support to be provided.
7.3.1	OR studies completed	3	2	1	The cost efficacy of CB DOTS study has been conducted and first draft report has been submitted to TB CARE I for review, report will be finalized in quarter 4.
7.3.2	OR study results disseminated	2	1	0	First draft report of the cost efficacy study developed and

Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
7.1.1	FHI360	Electronic recording and reporting system functioning	Installation of servers and computers completed in 10 provinces. The ERR has been finalized and waiting for NTP approval for installation to be pilot implemented.	Oct 13	Sep 14	Ongoing
7.1.2	FHI360	TB Prevalence survey	The second phase has been initiated with the study timeline and chronogram finalized.	Mar 14	Sep 14	Ongoing
7.2.1	FHI360	Support NTP M&E department by revising and reproducing tools for data collection and use	Data reporting tools finalized and awaiting NTP approval before pilot tested is done in selected sites. Reproduction after testing will be done in the additional quarter.	Oct 13	Sep 14	Ongoing
7.2.2	FHI360	CB DOTS Implementing agencies reporting valid and quality data to the TB CARE I project	During this quarter technical assistance was focused to the NTP at central level in terms of finalizing data registers and DQA visits will be continued in Q4 in 3 provinces.	Oct 13	Sep 14	Ongoing
7.2.3	FHI360	Strengthened involvement of implementing partners in TB control	TB CARE I annual meeting held in March 2014 with participation from NTP central and provincial level, CB DOTS implementing partners and project partners.	Jun 14	Sep 14	Completed
7.3.1	FHI360	KAP results disseminated	The KAP study was finalized and final results from the study were disseminated to all partners, major stakeholders and civil society in Quarter 1. The report has been approved by NTP, FHI and USAID Mission. Translated into English	Oct 13	Sep 14	Completed
7.3.1	FHI360	Conduct a formal impact evaluation of community based TB DOTS program	Protocol developed with support from FHI HQ. Received expedited review from FHI360 PHSC translated into Portuguese from English in preparation for submission to local IRB, as part of submission package, the project has to have letters of support from its implementation provinces Directorate of Health, currently received 4 letters, awaiting 3 more letters.	Oct 13	Mar 14	Ongoing

## 2.8 Drugs

Code	Outcome Indicators and Results	Actual Year 3 or	Expected	Result to date	Comments
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			<b>Baseline Result</b>	<b>End of Year 4 Result</b>		
<b>8.1.1</b>	National forecast for the next calendar year is available		YES: 30 health professionals participated in drug quantification workshop.	Quantification exercise conducted for NTP and data made available.	Measured annually	
<b>8.1.2</b>	Updated SOPs for selection, quantification, procurement, and management of TB medicines available		Conduct a TOT training targeting Provincial NTP supervisors and Pharmacy professionals at provincial level  Drug Management module finalized and approved.	Conduct a step down training of district level and health facility pharmacy professionals in SOPs and drug management module: 256 people to be trained national (2 per districts from the 128 districts in the country).	Measured annually	
<b>8.1.3</b>	<i>Strengthened LMIS through support supervision to ensure data from the district level collected at National level</i> Numerator: number of supervision visits conducted		3 supervision visits conducted in APA2	8 supervision visits conducted using approved NTP checklist	0	No visits conducted in the last quarter due to instability being registered in the country
<b>Activity Code (***)</b>	<b>Lead Partner</b>	<b>TB CARE Year 4 Planned Activities</b>	<b>Cumulative Progress as of the quarter's end</b>	<b>Planned Month</b>		<b>Status</b>
				<b>Start</b>	<b>End</b>	
8.1.1	MSH	Quarterly drug quantification meetings conducted	The second quantification exercise held in January 2014 with a report made available which includes a gap analysis until 2016. A new drug quantification review meeting can be conducted depending upon NTP's request during Q4 and funding availability.	Oct 13	Jun 14	Ongoing
8.1.2	MSH	National TB drugs forecast & quantification report developed and procurement plan for the next calendar year is available	New quantification exercise will be conducted in Q4. Planning is for the last 2 weeks of August.	Oct 13	Sep 14	Ongoing
8.1.3	MSH	Train MOH district level NTP and pharmacy professional on drug management and use of the new WHO recommended regimens	A national training of trainers was successfully conducted in Maputo during the month of May 2014 with approximately 50 participants (TB provincial supervisors, Provincial warehouse staff, provincial DR-TB focal points and other partners).	Oct 13	Sep 14	Ongoing

8.1.4	MSH	Report of Batch testing of TB drugs is available to inform decision making at National level	The project is still awaiting information from the National Lab on quality control of drugs	Oct 13	Sep 14	Pending
8.1.5	MSH	Strengthened LMIS through support supervision to ensure data from the district level collected at National level	Support supervision carried out in Sofala province with participation of staff from the national drug warehouse - CMAM. Another supervision is scheduled for Zambézia province in May 2014.	Oct 13	Sep 14	Ongoing

### 3. TB CARE I's support to Global Fund implementation in Year 4

#### Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total disbursed to date
MOZ-708-G07-T (TFM)	B1	B1	US\$ 15.1 m	US\$ 7.6 m

\* Since January 2010

#### In-country Global Fund status - key updates, challenges and bottlenecks

The country is in the process of developing the Joint GF TB/HIV proposal which is due to be submitted in August 2014. The timeline for the submission has been finalized with the CCM and GF country support team. The approach taken in the development of the proposal has been the identification of 2 consultants to support each of the components. The TB component is supported by Jeroen Van Gorkom (TB CARE I Deputy Director) and the consultants work separately with specific groups with information collected synthesized into the main proposal template.

One of the important components as required by GF is the development of a solid community engagement strategy to be included in the strategy. The project is also supporting in the development of this strategy with the TB CARE I ACSM Consultant (Netty Kamp) leading the process with technical support from the TB CARE I staff.

#### TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I workplan

Continued support is being provided by the project to GF-linked activities especially the NFM proposal with regular participation of staff in the various groups being organized for the successful development of the strategy. For some of the groups, especially MDR TB, TB/HIV, community involvement and Pediatric TB, the project has not only participated but has supported in leading the discussions.

The Community engagement workshop was organized with TB CARE I support and included the participation of various national and international organizations working in the TB and HIV area, members of civil society and TB and HIV experts. The workshop was important in collecting practical strategies being implemented in the country to support in the development of the community engagement strategy.

#### 4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	165	87	
Total 2011	283	146	
Total 2012	266	213	
Total 2013	359	303	
Jan – Mar 2014	86	86	
Apr – Jun 2014		51	
Total 2014		137	

## 5. TB CARE I-supported international visits (technical and management-related trips)

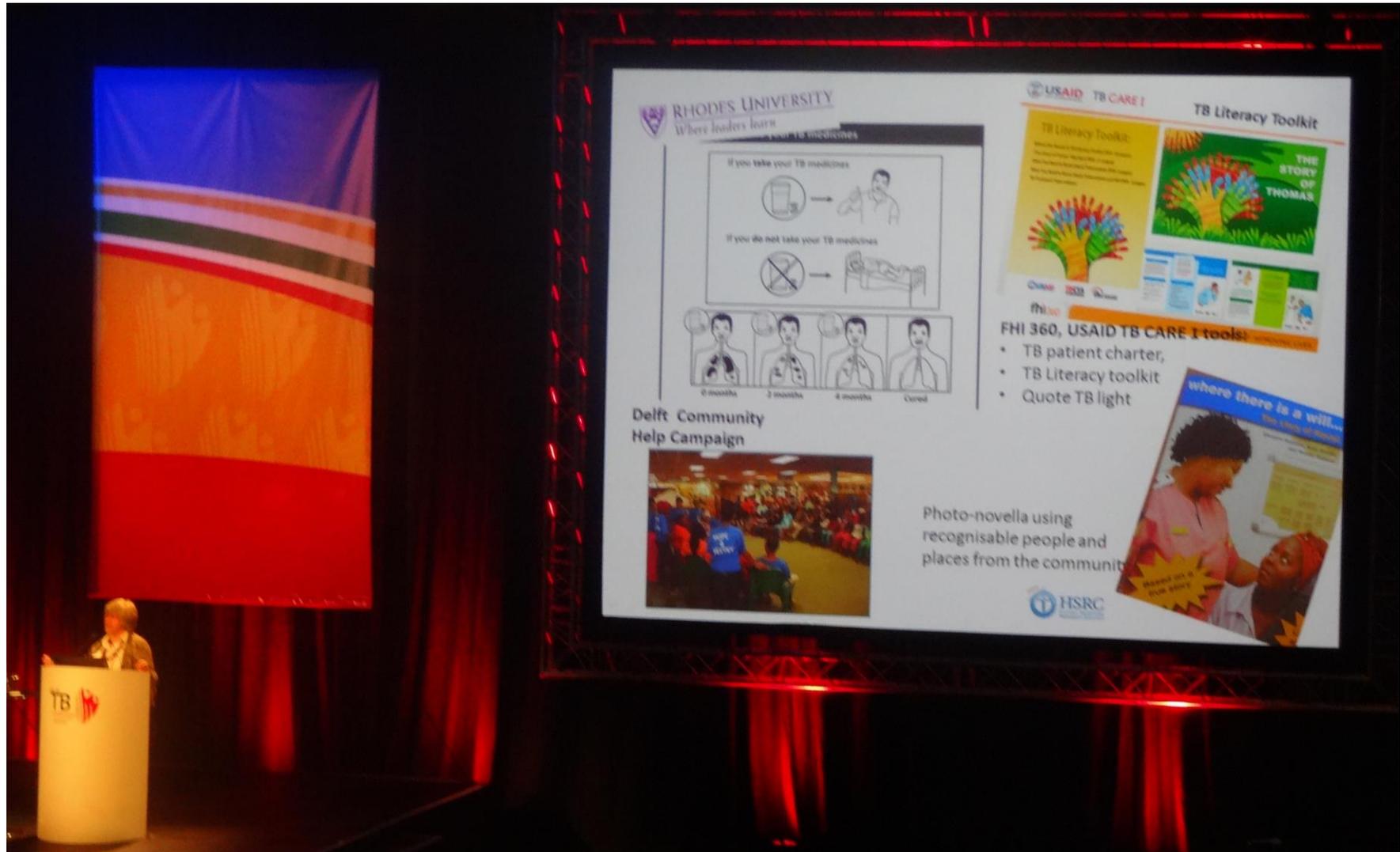
#	Partner	Activity Code	Name	Purpose	Planned month, year	Status	Dates completed	Additional Remarks (Optional)
1	FHI 360	S&O: E13	Carol Hamilton	HQ programmatic support	September, 2014	Pending		Planned for August 2014
2	FHI 360	S&O: E13	Suzanne Essama- Bibi	HQ programmatic support	September, 2014	Pending		Planned for August 2014
3	KNCV	1.1.2	Sara Massaut	Integrate PCA strategies with the already humanization strategy adopted by the ministry of health	February, 2014	Pending		Planned for July 2014
4	KNCV	1.1.3	Netty Kamp	Finalize ACSM strategy	March, 2014	Completed	May 2014	Activity completed in May 2014
5	KNCV	1.2.4	Netty Kamp	Strengthen prison communication involvement in early detection and care selected prisons	March, 2014	Completed	May 2014	The visits was integrated with the ACSM mission and follow up visit to finalize TB IEC materials planned for August 2014
6	KNCV	3.2.2	Netty Kamp	TB health IC IEC materials produced and in use	October, 2013	Pending		Planned for August 2014
7	KNCV	4.1.6	Vincent Kuyvenhoven	PMDT technical support visit conducted	March, 2014	Cancelled		Cancelled
8	KNCV	4.1.7	Vincent Kuyvenhoven	PMDT supervision visit	November, 2013	Cancelled		Cancelled
9	KNCV	6.1.1	Bert Schreuder	Funding for TB program more sustainable	March, 2014	Cancelled		Funds will be reserved, in case it'll be necessary during the Concepting note designing
10	KNCV	6.1.2	Bert Schreuder	Support provided for NTP GF process and activities	November, 2013	Pending		

				implementation				
11	KNCV	6.1.2	Nico Kalisvaart	Support provided for NTP GF process and activities implementation	November, 2013	Pending		
12	KNCV	6.1.2	Rachel Ochoa	Support provided for NTP GF process and activities implementation	November, 2013	Pending		
13	KNCV	7.1.1	Ellen Mitchel	TB Prevalence study	March, 2014	Completed	June 2014	Realized in June 2014
14	KNCV	7.1.1	Eveline Klinkenberg	TB Prevalence study	March, 2014	Pending	June 2014	
15	MSH	1.2.7	Samuel Kinyanjui	Support training of staff in relation implementing SOPs' strategy for increased TB case detection in Gaza	October 2013	Cancelled	December 13	Visit conducted by Abel Nkolo.
16	MSH	1.2.7	Abel Nkolo	Support training of staff in relation implementing SOPs' strategy for increased TB case detection in Gaza	October 2013	Completed	December 13	
17	MSH	1.2.7	Abel Nkolo	Support evaluation of the SOPs strategy to increase Tb case detection in the pilot sites	May-14	Completed	June 2014	Conducted by Dr. Berhanemeskal Assefa
18	MSH	8.1.2	Samuel Kinyanjui	Support the NTP and CMAM to develop the country's 2 year TB drug forecast and procurement plan.	Apr-14	Completed	February 2014	Visit conducted by Luiz Reciolino
19	MSH	8.1.3	Samuel Kinyanjui	Revision of TB drug management manual and recording and reporting tools	Oct-13	Completed	December 13	Visit conducted by Abel Nkolo
20	MSH	8.1.4 & 8.1.3	Samuel Kinyanjui	Support to write batch testing report and conduct field supervisor tools review	Jan-14	Pending		To be conducted by Dr. Luiz Reciolino in August 2014

21	MSH	2.1.1	Grace Kahenya	Support the country team assess the country lab network in 3 provinces	Nov-13	Completed	December 13	Draft Laboratory strategic plan was developed during the visit.
22	MSH	2..1.2	Grace Kahenya	Support the Local Lab staff establish EQA in three provinces, including training and field visits	Jan-14	Pending		To be completed in September 2014
23	MSH	2..1.2	Catherine Mundy	Support the Local Lab staff establish EQA in three provinces, including training and field visits	Jan-14	Pending		To be completed in September 2014
24	MSH	2.1.4	Grace Kahenya	Support training of lab staff on Lab supplies management	Mar-14	Completed	March 2014	Training completed
25	MSH	2.1.7	Grace Kahenya	Provide leadership and mentorship in integrated support supervision to selected provincial labs	May-14	Pending		
26	MSH	2.1.8	Charles Kagoma	provide support in laboratory supplies quantification training.	October, 2013	Completed	March 2014	
Total number of visits conducted (cumulative for fiscal year)						10		
Total number of visits planned in workplan						26		
Percent of planned international consultant visits conducted						38%		

**Photos:**

Closing ceremony 4<sup>th</sup> SA TB conference with the PCA Literacy toolkit receiving ovation



The US Ambassador visit to the TB CARE I Supported site in Moatize district of Tete Province



Training of health facility support staff: Implementation of the FAST strategy - Mocuba District of Zambézia Province

